



**ORTHOPEDIC SPECIALISTS**

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DATE: 6/11/19

TO: \_\_\_\_\_

FROM: Hannah

# OF PAGES INCLUDING COVER: 4

FAX NUMBER: \_\_\_\_\_

RE: Nichole Edwards (11/13/1981)

URGENT FOR REVIEW PLEASE REPLY

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LAKE CHARLES MEMORIAL HOSPITAL

PATIENT NAME: EDWARDS, NICHOLE  
MRN: 000613044  
ADM: 05/03/2019  
VISIT ID: 4781530  
DOB: 11/13/1981

# OPERATIVE REPORT

DATE:  
SURGEON: THOMAS AXELRAD, MD  
ASSISTANT: NONE.  
PREOPERATIVE DIAGNOSIS: ANTERIOR THIGH WOUND, DOG BITE, QUADRICEPS  
MUSCLE BELL WOUND INJURY, PLANNED RETURN TO THE OPERATING ROOM.  
POSTOPERATIVE DIAGNOSIS: ANTERIOR THIGH WOUND, DOG BITE, QUADRICEPS  
MUSCLE BELL WOUND INJURY, PLANNED RETURN TO THE OPERATING ROOM.  
PROCEDURE: COMPLEX WOUND CLOSURE LEFT THIGH WOUND 20 CM, WOUND VAC  
APPLICATION.  
ANESTHESIA: LMA  
ESTIMATED BLOOD LOSS: 40 ML  
SPECIMENS: NONE.  
DRAINS: ONE WOUND VAC TO SUCTION 25 MMHG CONTINUOUS.  
COMPLICATIONS: NONE.  
CONDITION: STABLE TO PACU

INDICATIONS: This is a woman well known to our service, comes back for planned return to the OR. Risks and benefits discussed at length. All questions were answered appropriately.

PROCEDURE IN DETAIL: The patient was brought to the operating room, placed supine on the table and LMA anesthesia was performed and both lower extremities prepped and draped in the usual sterile fashion. Time-out was performed indicating correct patient and procedure by indicating preoperative skin marking, preoperative x-ray, patient's ID badge and the preoperative consent.

We began by doing a debridement of the wound. The muscle belly had completely adhered. No other sides of infection. After a thorough debridement of the wound, we had irrigated and closed carefully with running and Donati-Algower sutures 2-0 nylon. There was a central hole remaining. A wound VAC was applied. Wound VAC was placed posterior to the posterior wound, bulky wrap. The patient was placed in knee immobilizer, awoke from anesthesia, transferred to the PACU in stable condition. All counts were correct at the end of the case.

PLAN: The patient will get VAC changes Monday-Wednesday-Friday. Antibiotics for 24 hours.

Thomas Axelrad, MD, PhD

TA/5557228  
DD: 05/05/2019 16:29  
DT: 05/05/2019 17:15  
Job #: 442863

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Thomas W. Axelrad, M.D. on 05/07/2019 03:38 PM CDT

**T.WILLIAM AXELRAD, MD, PHD**

PATIENT NAME: EDWARDS, NICHOLE

CHART#:

DATE OF EXAM: 05/21/2019

DOB: 11/13/1981

DATE OF SURGERY: 05/03/2019.

CHIEF COMPLAINT: Left thigh traumatic dog bite with wound irrigation and debridement VAC-assisted closure.

INTERVAL HISTORY: This is a patient that did go to New Orleans and made it back for followup. She continues antibiotics. She reports she did go to her wound care once where they took off the VAC and she did go to the ER where they took out some of her sutures. There is some Steri-Strips in place today, but some sutures remain. She remains in a knee immobilizer. She denies fevers, chills, nausea, vomiting.

PHYSICAL EXAMINATION: She has dressing that has been on for several days and does have some serous shadowing but it is dry. This is removed and wound is visualized. It is well approximated. There is a puncture hole most proximally and anteriorly about less than 0.5 cm wide and deep. No surrounding erythema. She does have a puncture wound posterior as well that is about 1 x 1, again with no drainage or surrounding erythema. Remaining of the wound is well-approximated. Sutures were removed at this date. She has full extension at the knee.

PLAN: She was discussed with beginning gentle ranges of motion. Continue antibiotics. Follow up in 2 more weeks. Probiotics was once again discussed. We will wean from her medications as the clinic evaluations progress and it does look well today and wound was visualized with Dr. Axelrad and he was in agreement with the plan. She was discussed to come to the office sooner for any concerns.

  
T.WILLIAM AXELRAD, MD, PHD

Dictated by: Jeremy Morris, NP

TA/MORR4854

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